

The Quarterly Journal



St. Luke's Hospital Center

1967 Annual Report Edition

1967 Highlights

January

- Non-professional employees received a salary increase, the first of two general increases granted this year.
- District Attorney Frank Hogan was elected to the Board of Trustees.
- Dr. Myron Wright was elected President of the Medical Board.
- Dr. Alexander W. Young was appointed first full-time Director of Dermatology.

February



- The doctors' dining room, named for Mr. and Mrs. Lincoln Cromwell, was opened.
- Throughout the Hospital Center, the food service department served 113,000 meals this month. About half of these were served to patients, the rest to employees and others.

March

- Noted sculptress Eleanor Mellon announced she would contribute a full-

length bronze statue of St. Luke to the Hospital Center.

- Pedro Gualtero, a Colombian whose facial features were obliterated by acid, arrived here for reconstructive plastic surgery that stirred much public interest.
- Our medical and data processing staffs conducted a two-day seminar on medical uses of the computer in connection with a National Heart Institute training program.

April

- 185 babies were born at Woman's Hospital in this month. (We averaged more than six deliveries per day during 1967.)



- The Radiation Therapy Department became a satellite member of the computer system based at Memorial Hospital. Using teletype communication with the computer, our radiologists get immediate calculations of radiation doses.
- Dr. Luis A. Amill received the St. Luke's Alumni Association's Certificate of Merit in Recognition of Distinguished Service, at their annual dinner.

May

- The Volunteer Service celebrated its fiftieth anniversary.
- Dr. Myron Wright told the sixty graduates of the School of Nursing that they could expect to be "where the action is."

June

- Sixty "casualties" were removed from a nearby tenement in a disaster drill described as "the best so far."
- About 15,000 visits were made to

our clinics this month, almost a fifth more than during June 1966.

July

- A new pension plan for St. Luke's employees was announced.
- Fifty-nine new interns and residents joined the medical staff.
- Medicare celebrated its first birthday at St. Luke's, and by that time was supporting the care of a third of our in-patients and a tenth of our out-patients.

August

- Pedro Gualtero went home with a new face and over \$2,000 in gifts from 450 generous individuals and groups.
- With the help of grants from the John A. Hartford Foundation and the Atomic Energy Commission, a fifteen-ton nuclear device for measuring body composition was installed in St. Luke's Radioisotope Laboratory.

September

- The administration began a survey among employees for information with which to build a stronger personnel relations program. The second salary increase for non-professional employees was granted this month.
- A genetics counselling service was opened at St. Luke's.
- An improved Blue Cross plan for St. Luke's employees was announced.

October

- St. Luke's physicians and administrators participated in the United Hospital Fund's eighty-eighth drive to aid voluntary hospitals.
- Columbia University announced a \$10 million plan to improve the West Side, including help for single-room-occupancy dwellers from St. Luke's Community Psychiatry Division.
- St. Luke's director of surgery, Harold A. Zintel, who is president of the New York Cancer Society, presided over a meeting of the society held at the Hospital Center.

□ Twenty-seven members of the departments of Surgery, Anesthesiology and Medicine taught a course in pre- and post-operative care for which seventy-five surgeons travelled to St. Luke's from all parts of the United States.

November

□ 1,840 St. Luke's employees contributed \$8,200 to the Greater New York Fund, winning the fund's "bronze award."

□ St. Luke's "service and maintenance" employees voted in a State Labor Relations Board supervised election to reject a bid by Local 1199 of the Drug and Hospital Workers Union to become their bargaining agent.

□ Members of the Brooklyn and Long Island chapters of the American College of Surgeons held a clinic day at St. Luke's.

December

□ A tuition plan to help St. Luke's employees advance themselves went into operation.



□ 800 St. Luke's staffers with over ten years service were invited to the annual holiday awards dinner.

□ 8,134 people were treated in the emergency room this month — 2,000 more than in December 1966.

□ The Hospital Center approved an affiliation with The Bridge, a center for former and potential psychiatric patients.

□ A budget of \$26.1 million was established for 1968. Personnel expenses accounted for ninety-seven per cent of the \$3.1 million increase over 1967's budget.

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Report of the President, Henry B. Guthrie

Quo Vadis, St. Luke's Hospital Center?

The role of the hospital as a community resource is constantly changing and shifting through an evolutionary process, having grown from the alms house of the eighteenth century to the great teaching centers of today. For each hospital, the path to change and the tempo of change is unique and the forces directly affecting it are often beyond its control.

At St. Luke's, we have been faced with a broad range of social and scientific changes which never confronted earlier generations of hospital leaders.

The crisis in urban life, the impact of such sweeping legislation as Medicare and Medicaid, the availability of funds for research and for planning, the unparalleled explosion in scientific information, the rising expectations of those who make up our community—these and other considerations must be studied and placed in perspective as we plan the future of St. Luke's.

The development of a complete health care campus, adequate to the needs of our community and staffed by personnel competent to render the



Dual Century Fund Chairman Kenneth A. Ives (left) with President Henry B. Guthrie.

high level of care which the community will demand, has become our long range goal.

Both in terms of planning and concrete achievements, the past year has seen substantial progress toward the all-inclusive programs which will be required of St. Luke's in the years that lie ahead.

The Long Range Planning Committee of the Board, the Joint Research Review Committee, the Trustees, the Medical Board, impartial but expert consultants, and the Study and Planning Committee of the Medical Board are all engaged in anticipating the problems we have yet to face and developing logical solutions.

In management and nursing, in physical plant utilization, in areas of automation, and in a hundred other segments of hospital operation where the autonomy born of specialized competence becomes apparent, St. Luke's is planning for the future and is operating at maximum efficiency within the framework of today's limitations.

The Routes to Tomorrow

The roads we are travelling include an open-minded approach to patient care which considers the means of best organizing and delivering care at an effective level of quality; the development of a health care team of professional and ancillary personnel whose skills are well sharpened and who receive an equitable reward for their services; a building program providing a physical plant within which the modern health care campus can function; a

teaching program capable of attracting highly qualified professional staff members; and a program for research broad enough to bring the spirit of inquiry to all hospital areas.

... In patient care

In the area of patient care, a number of steps were taken to insure that St. Luke's patients have available the finest programs we can provide.

In terms of long range impact, the Neighborhood Health Service Program, supported by a million-dollar grant from the Office of Economic Opportunity, may be the most important event of the year. This pilot program, which assigns teams of health specialists to community groups, guided by a St. Luke's physician, could well revolutionize traditional concepts of ambulatory care. New techniques available within the hospital setting have long been under-utilized because people often avoided journeying to the hospital. The new community health team concept would use the hospital as an organizer of care which might then be delivered to the community in the manner it wishes.

... In staff development

The building of a health care team, of which each of St. Luke's three thousand employees is a member, received much attention during 1967. The entire structure of the management was strengthened by a reorganization of administrative responsibilities. Using the management-by-objectives tech-



nique, the weight of decision-making is divided among an administrative staff of trained professionals under the able guidance of Executive Director Charles W. Davidson. He and the other members of the management group have made important contributions to the concept of team leadership, under most trying physical conditions. Associate Directors F. Dennis Harrington, Robert McMillen, Gary Gambuti and Carl P. Wright supported by Assistant Directors Mary M. Meehan, Evelyn M. Peck and Arthur Slothower, Public Relations Director James P. May, and Personnel Director Richard De Christoford played important roles in helping to move St. Luke's forward. We thank all of them for their contributions.

Supervising the medical programs of St. Luke's is rapidly becoming a challenge of great magnitude. To meet this

demand for medical leadership, the trend to hospital-based specialists with teaching, clinical and administrative duties is becoming a more important part of the St. Luke's organizational structure. Fifty-three physicians are now under contract to aid in the day-to-day work of the Hospital Center, including thirteen of fifteen Chiefs of Service.

The burst of scientific technology in medicine and related fields is another factor which calls not only for increases in personnel complement but also for a greater diversification of skills.

Because the skill level of hospital employees is rising, due to the now complex nature of health care, and because the competition for attracting and maintaining competent and reliable personnel at all levels is keen, the Board has given much thought to the improvement of wages, working conditions and benefits. For these reasons, and because of a long-standing pledge to reward employees fairly for their efforts, such developments as a tuition aid program, broadened in-service training, improved hospitalization and pension provisions, and wage scale readjustments were acted upon favorably by the Board in 1967.

... In building a campus

Certainly the most visible field of action has been the modernization and expansion of the physical plant. Completion of the Travers renovation, demolition of the Vanderbilt Pavilion and the start of construction of the Service and Research Building and the Eli White—St. Luke's Residence (Community Facilities Building) were all significant events in 1967. Remodelling was also carried out in the Clark 3 Radiology area; a Coronary Care Unit



was opened on Stuyvesant 5; the Cardiopulmonary Laboratory moved into Muhlenberg 3; a new receiving station is functioning on 114th Street; locker areas for doctors were created on Muhlenberg 5; and a refurbished cashier and credit office is in operation on Muhlenberg 1.

These and the many other projects planned for 1968 and beyond, as exemplified by St. Luke's plan to provide seventy beds for post-hospital care in the Morningside House buildings, scheduled to rise at 112th Street and Amsterdam Avenue in the early 1970's, are indicative of St. Luke's intention of providing a setting in which the far-ranging health system of the future can function effectively.

... In teaching endeavors

If the Hospital Center is to complete its imaginative mission for the future, the intellectual stimulus provided by an academic atmosphere must also grow. The current state of our reputation as a teaching institution is suggested by the excellent results we

achieved once again in the national intern-matching program. As in the past, 1967 brought to St. Luke's a company of interns and residents of significant scholarly and clinical attainments.

It has become quite clear that the great hospitals of the future will be those whose ties with medical schools are the strongest. Sensing this trend, we have moved to associate ourselves even more closely with Columbia University's College of Physicians and Surgeons. St. Luke's Department of Obstetrics and Gynecology joined the Surgical and Pediatric Services as Coordinated Services of the College. The Dean of the College of Physicians and Surgeons, Dr. H. Houston Merritt, spent an active year as an ex-officio member of the St. Luke's Board of Trustees. In addition, a University Trustee serves on the St. Luke's Board. Manhattan District Attorney Frank S. Hogan has ably and enthusiastically served in this important liaison role. Further evidence of the growing union can be found in the 102 faculty appointments held by St. Luke's physicians at the College of Physicians and Surgeons.

At the clinical level, a two hundred fifty thousand dollar grant from the National Heart Institute for clinical training in Cardiology is but one example of the growth of teaching activity at the Hospital Center.

...In Research Activities

An institution's reputation in the field of research will be another criterion for judging the great hospitals of the future. Since 1955, St. Luke's has been building such a reputation and 1967 saw important new commitments toward this fifth dimension of progress. The extension of the Joint Research Review Committee to include Dr. Robert E. Cooke, Chairman of the Department of Pediatrics at Johns Hopkins Medical School, and Dr. Francis D. Moore, Professor of Surgery at Harvard Medical School, added greatly to the prestige of this already highly regarded policy group. We are indebted to Dr. George W. Thorn of the Harvard Medical School and the Peter Bent Brigham Hospital in Boston and to Dr. Leon Israel of the Pennsylvania University Hospital for their excellent consultive services to the Joint Research Review Committee.

Dr. Richard Pierson's singular work with the newly-installed Whole Body Counter as part of the Department of Medicine's Radioisotope Laboratory was a major advance. Dr. Thomas Moore of the Pediatric Service brought new hope to our research efforts with his work on cellular functions. Dr. William Kelly's studies in the bio-chemistry of steroid hormones will further enhance the standing of St. Luke's among medical researchers. The well established research programs in surgical techniques, hematology, nutritional and metabolic disorders, renal

physiology, cardiology, cytology and other fields continued to advance the store of knowledge on a broad front.

Nor were research programs restricted to the laboratory in 1967. St. Luke's joined in the exciting Methadone Maintenance Project, a multi-hospital venture holding great hope for thousands of victims of drug addiction.

Single-room-occupancy buildings have long posed a problem to New York's West Side because they have become barracks for drug addicts, alcoholics and others with physical and emotional problems that keep them from filling a useful role in society. St. Luke's Community Psychiatry Unit joined with Columbia University in attempting to relieve this unhappy situation, born of the overall urban crisis, in a demonstration program sponsored by the Ford Foundation.

Operating at the laboratory, clinical and community level, St. Luke's research interests are as diverse and sweeping as is the total concept of a health care campus.

In Summation...

Clearly St. Luke's has advanced along the several paths toward tomorrow. Each furlong of progress is only as well paved as the planning that charted the route. With pride, we can report on achievements made and new directions planned. In 1967, we experienced a year that provided continuity with a rich heritage from past generations and mapped out sensible guidelines from those who will succeed to the policy role.

It was an amazingly challenging and rewarding year for the officers and we are deeply indebted to each member of the hospital family—our colleagues

on the Board, the administrative staff, the physicians (especially Dr. Myron Wright, President of the Medical Board), the nursing personnel, the devoted employees, the volunteers, Auxiliary and Assistant Board members and the many persons from without the Hospital Center who have made it possible for us to report that we have increased our pace along the several highways to the health care campus of tomorrow. The experiences of 1967 will serve admirably as a guide to the next interchange on the endless road of progress in medicine and its distribution to those in need.





Transition and Tradition

Report of the President of the Medical Board, Myron Wright, M.D.

1967 represented for St. Luke's Hospital Center and for its Medical Board a period of complicated and exciting transition between the relatively autonomous operation of a voluntary institution and the operation of a voluntary institution under increasing "third party" concern, involvement and pressure—not only in areas of finance and labor relations, but also in the realm of responsibility for patient care. Faced with the constancy of change, many committees of the Medical Board found themselves confronted by entirely new concepts with relation to doctor-hospital and hospital-patient relationships. Throughout the year, tested traditions along with emerging concepts have blended to form a healthy, constructive atmos-

phere among the physicians at St. Luke's Hospital Center.

The Medical Board can report concrete gains in 1967 for the following areas over which it had certain jurisdiction, interest and responsibility.

At year's end, the By-Laws of the Medical Board had been rewritten, modernized and brought up to date and were in discussion and ready for action by the Medical Board. It had been many years since substantial changes in the By-Laws of the Medical Board were made and this has been an attempt to upgrade our By-Laws in view of current concepts of modern hospital government.

During the year there were gradual clarification and increasing understanding of the Medicare-Medicaid

regulations as they pertain to physician-patient relationships on each of the many services of the Hospital Center.

Groups of physicians have been organized on several services to facilitate a general understanding of these complex relationships and to implement the collection of fees from "third party" agencies.

The International Classification of Diseases, Adapted, was accepted and approved by the Medical Board to code medical diagnoses and surgical procedures on hospitalized patients. It is felt that this represents a step forward in the uniform classification of patient records and will facilitate the obtaining of material for the writing of papers and for inter-communication with other sources of medical records.

The Community Physician Education Program was continued for a second year and 206 area physicians were enrolled. Increasing pressure has been placed upon teaching hospitals to accept responsibility for furthering the medical education of physician members of the community they serve. The fact that this course has increased its membership for a second year attests to its superiority and to the demand for post-graduate education on the part of general practitioners on Manhattan's West Side.

In February 1967, Dr. George Thorn, Hersey Professor of the Theory and Practice of Physic at Harvard Medical School and physician-in-chief of the Peter Bent Brigham Hospital in Boston, and Dr. Leon Israel, Professor of Obstetrics and Gynecology at the University of Pennsylvania, served as consultants for our research efforts. They inspected the Hospital Center's research program and reported favorably on the substantial increase in facilities and activities throughout the services. They stressed the growing need for closer affiliation with Columbia University's College of Physicians and Surgeons. A closer union between the medical school and Hospital Center will contribute to student exposure in the Center's research program, provide continuing growth of the broad research program, and encourage financial support for our research activities. The consultants commended the Trustees for their continued and increased support of research activities. This inspection by outside consultants of the Hospital Center's research facilities is a unique feature of St. Luke's search for excellence and represents an effort toward self-discipline in asking nationally recognized objective experts to evaluate critically our research program and to transmit their opinions to the Medical Board and to the Board of Trustees.

On April 4, 1967 the Division of Radiation Therapy of the Department of

Radiology became the first satellite institution to be linked with the major computer center located at Memorial Hospital Center in New York City. This linkage will be used to calculate accurately dosage for patients receiving intensive radiation and not only makes the calculation of dosage more precise but saves untold hours of mathematical work formerly done on a manual basis.

A new doctors' cafeteria and private dining-meeting rooms were opened May 1, 1967 and named for former St. Luke's President and benefactor Lincoln Cromwell. These facilities have done much to enhance living conditions for the professional staff.

A five-bed Coronary Care Unit especially outfitted and manned by a highly trained team of doctors and nurses was opened June 19, 1967 to provide specialized care of acute coronary artery disease. This unit provides continuous monitoring for patients with acute coronary thrombosis and makes immediate resuscitation procedures possible should they be necessary in patients still critically ill following heart seizure.

A three-year house staff training program in oral surgery was approved for

July 1, 1968 which will enable the dentists and oral surgeons to work together with residents in a training program.

A completely new drug formulary was introduced October 15, 1967 under the supervision of the Formulary Committee.

The Medical Staff Newsletter was revived October 24, 1967 in an effort to improve communications. Through this medium, physicians are advised of recommendations made for changes in procedures by the Medical Board Committees. The Newsletter also aids in alleviating problems by implementing the many procedural changes made each year. The Newsletter has facilitated the transmission of information from committees of the Medical Board and the Administration to the members of the medical, nursing and administration staff.

A two-year grant was received from the Office of Economic Opportunity November 1, 1967 to operate an ambulatory center at the Riverside Health Center in conjunction with the New York City Department of Health. This is a separate entity operating as an adjunct to St. Luke's Out-Patient Depart-



ment. This pilot project brings St. Luke's to the community in an entirely new way and places the Hospital Center in a strategic position as a national leader in accepting community responsibility. In addition, several critical community health studies have been initiated, including the Morning-side Gardens Retirement Health Program and a new Genetics Counseling Service, so that in the area of socio-medical endeavor St. Luke's is pre-

eminent among her sister institutions.

The Out-Patient Department reported a tremendous increase in out-patient load and approximately 70% of the out-patients had Medicare or Medicaid coverage under the 1967 stipulation set forth in federal and state legislation. The problems involved in the collection of fees from these patients remain largely unsolved. Even more serious and more acute from the standpoint of the Medical Board is the

overload now existing in the Out-Patient Services of the Hospital Center.

Through the efforts of the Utilization Committee, the number of patients with prolonged stays was sharply reduced and a Central Admitting System was endorsed whereby patients are admitted on the basis of urgency on all Services. The Central Admitting System enables the Hospital to keep the bed occupancy rate at a higher level and also shows at a glance whether a bed is available for a critically ill patient needing hospitalization. In addition, a Utilization Regulation Office was introduced as part of the Central Admitting System. This new safeguard monitors long-stay patients on a day-to-day basis in an effort to curtail excessively long hospitalization. The new system has resulted in the better utilization of beds and other hospital facilities.

In 1967 it was evident that more and more physicians were becoming hospital based. The number of full-time physicians increased slightly but the number of people devoting more of their professional hours at the hospital increased materially. The physicians' involvement with committees, training programs, teaching and with the tremendous load in the Out-Patient Department has required members of the staff, and members of the Medical Board in particular, to spend additional hours each week in their service to the Hospital Center.

There can be no question that St. Luke's is now and will be in the future a lively institution growing in its relationship and its responsibilities to the community. In the areas of patient care, teaching, research and community service, 1967 was a milestone year. The medical staff, strongly supported by the Board of Trustees and the Administration, can reflect with pride on a year of accomplishment and growth, and should take pride also in the sense of professional satisfaction derived from jobs well done.



Rising Costs and Modern Management

The total cost of operating St. Luke's Hospital Center in 1967 was \$23,366,136, including \$860,000 in depreciation allowances. Reducing that figure to understandable terms, it means that the Hospital Center needed nearly sixty-five thousand dollars for each day of the year. The 1967 budget was more than ten times what it was when I joined St. Luke's in 1946 and is more than twice the 1963 budget—the year I became Executive Director. Justifying, managing, and securing so much money are among our principal concerns as modern managers.

The Roots of Costs

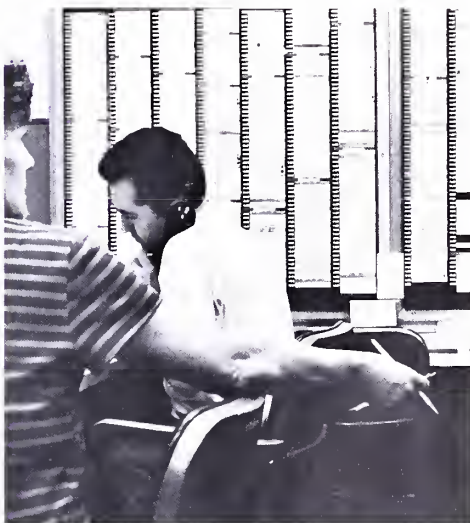
The question of rising hospital costs is one of the most hotly debated and widely discussed subjects in America today. Why, we are asked, should hospital care be so much more expensive than it was a few short years ago? Food costs of \$660,000 and heat, telephone and electric bills in excess of a half million dollars give some idea of why costs are skyrocketing. But, because hospital care is essentially a people-to-people service, we must look to the hospital worker, who provides the service, to find the key to increased costs. In 1967, seventeen million dollars was required to provide adequate salaries and benefits for the 3,000 people who are employed by St. Luke's.

Workers in the health field have been historically among the poorer paid members of our society. Consist-

ent with the generally rising expectations of all Americans, hospital workers now rightly expect to receive an equitable return for their efforts. Greater, too, are the skills needed by both professional and non-professional members of the hospital staff. With the rise of technology the percentage of highly skilled workers in the health field has been growing. All these factors have a strong impact on our sharply climbing cost picture.

A Growing Productivity

Many critics of hospital costs are willing to accept increased costs, but call on leaders in the field to show an equal increase in productivity. Again, the kind of people-to-people service a hospital provides is difficult to measure in terms of productivity, but some interesting points can be made.



Twenty years ago, such programs as open heart surgery, emphysema clinics and cardiac catheterizations were unavailable. An Intensive Care Unit and a Coronary Care Unit were still in the future. Radiology and Pharmacology were unrecognizable if viewed by today's standards. In 1946, 155,000 laboratory tests were performed. Last year over 487,000 such tests were completed at St. Luke's. Last year over 80,000 visits were recorded in the Emergency Room, more than eight times the 1946 figures. To handle this great growth in productivity, our staff has grown to three times its 1946 level. The number of patient admissions at St. Luke's and Woman's has not changed greatly in the past two decades. The startling difference lies in the increased level of care, both quantitatively and qualitatively.

The Sources of Income

Changing, too, are the sources of operating income. The individual patient was generally responsible for his own hospital expenses twenty years ago. Losses to the institution for the care rendered to the medically indigent were made up through charitable contributions from friends of the hospital. In 1967, such insurance coverage systems as Blue Cross and such governmental aid programs as Medicare and Medicaid reimbursed the hospital on a cost basis for over 90% of the patient care rendered at St. Luke's.

Condensed Statement of Income and Expense for the Year Ended December 31, 1967

The reasonable certainty that most institutional costs will be paid enabled us to make commitments to long overdue project and service advances; yet, the time lag between services delivered and payment received continue to make the cash flow situation a tenuous one at best and hindered planning. At year's end our accounts receivable were in excess of eight million dollars and we had borrowed two and one half million dollars from our reserve funds—virtually depleting them in order to finance these large receivables. Even an institution with healthy endowment funds and a generous and loyal family of donors finds itself in a delicate fiscal situation when beset with such a heavy drain on its cash reserves.

The reimbursing agencies with which we deal have our confidence and through the cooperative efforts of the several hospital associations, government, and the insurance carriers the overall cash position at most hospitals will, hopefully, soon be relieved of the current daily trauma we now face when called upon to pay our own bills.

Surely hospital costs are high and just as surely there is need for a national effort to make certain that the care we receive is worth its cost. Yet, such programs as the growing open-heart surgery activities at St. Luke's indicate that our increasing investment in health care is among the best we have made in recent times.

Health Care Management

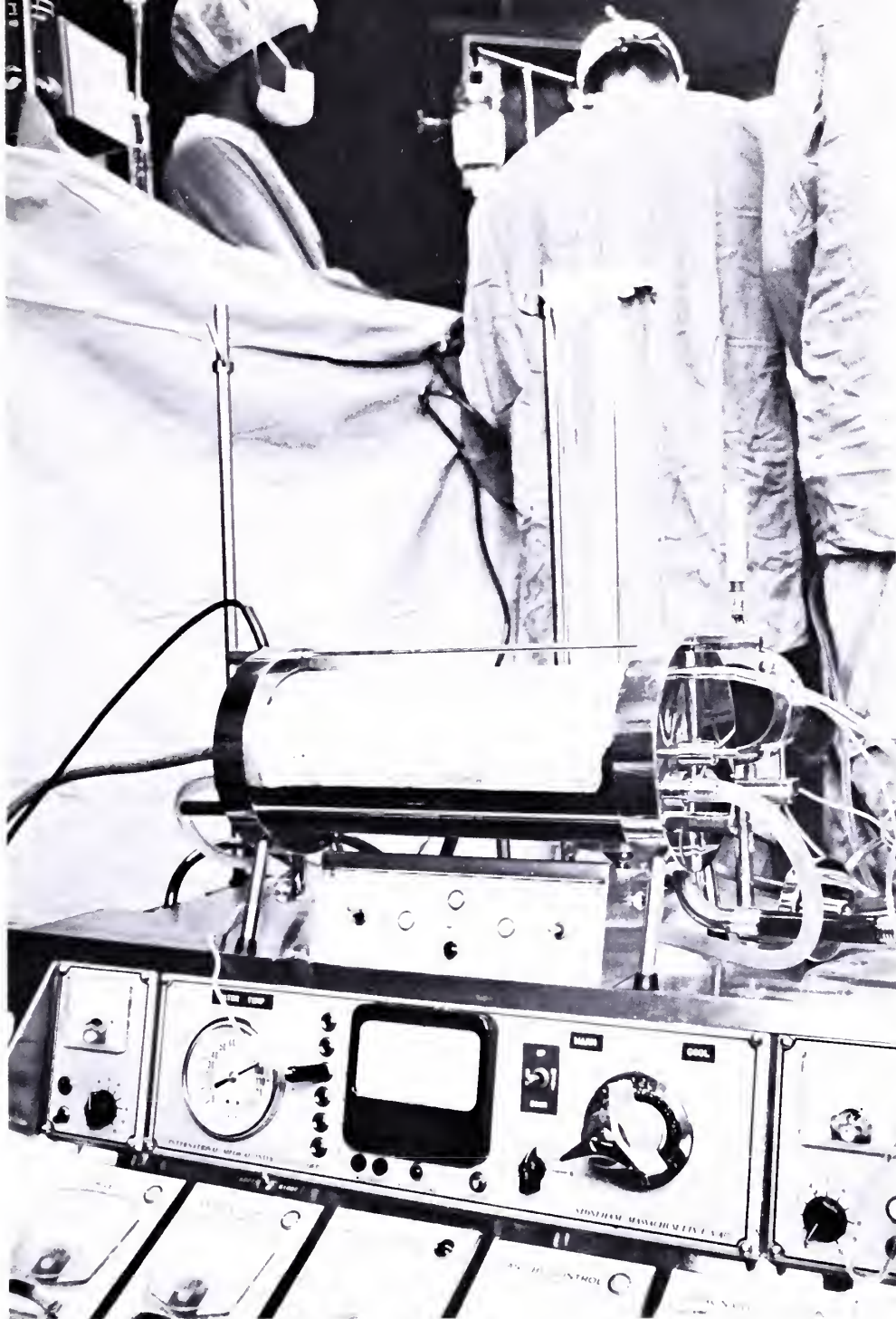
The great changes in administering health care programs need competent, dynamic management at all levels. For St. Luke's, 1967 was a year in which an

aggressive, youthful team of managers was forged in a period where crisis seemed to be the natural state.

At weekly Policy Committee meetings, the problems of the Hospital Center are discussed, decisions are reached and plans to mobilize the resources of St. Luke's are formulated. Joining me at these often electric, always useful sessions are my closest colleagues in the administrative team. F. Dennis Harrington, Associate Director for Patient Services, is directly responsible for liaison with Chiefs of Service and the medical staff. With the able assistance of Assistant Director

Evelyn M. Peck, he also oversees the activities of the nursing service and is responsible for the many professional departments of the Hospital Center. Gary Gambuti, Associate Director for Community Services, joined St. Luke's in September and has performed with great vigor in the area of program planning and in guiding the growth of ambulatory services. Mr. Gambuti replaced E. Grey Gooby who resigned to become administrator of St. Luke's Hospital in Newburgh, New York. Ralph Williams, an experienced construction engineer was installed as Associate Director for Construction,

NET OPERATING INCOME	<u>\$20,891,270</u>
OPERATING EXPENSES	
Salaries and Wages	\$15,456,692
Supplies and Expenses	7,000,970
Provision for Depreciation	860,000
Recovery of Expenses (Deducted)	(609,415)
NET OPERATING EXPENSE	<u>\$22,708,247</u>
NET OPERATING LOSS	<u>\$ 1,816,977</u>
SUPPLEMENTARY INCOME	
Income from Investments	\$ 1,318,078
Income from Estates and Trusts	116,133
Donations for General Purposes:	
St. Luke's Hospital	104,644
Woman's Hospital	23,172
United Hospital and Greater	
New York Fund	77,765
Income from Special Funds	404,463
Social Service Income	53,948
Miscellaneous Income	34,335
TOTAL SUPPLEMENTARY INCOME	<u>\$ 2,132,538</u>
PROFIT (LOSS) AFTER	
SUPPLEMENTARY INCOME	\$ 315,561
NON OPERATING EXPENSES	<u>\$ 104,687</u>
EXCESS OF INCOME OVER	
EXPENSE FOR THE YEAR	<u><u>\$ 210,874</u></u>



Maintenance and Planning. He will be responsible for physical plant planning and for maintenance of the Hospital Center facilities. Mr. Williams replaces Carl P. Wright, former Director of Woman's Hospital, who has retired after 17 years on Morningside Heights. Our Associate Director for Business Services, Robert McMillen, continued to apply his cool logic and sense of business methods to such areas as Systems and Automation, Personnel, Accounting, Admitting and Purchasing.

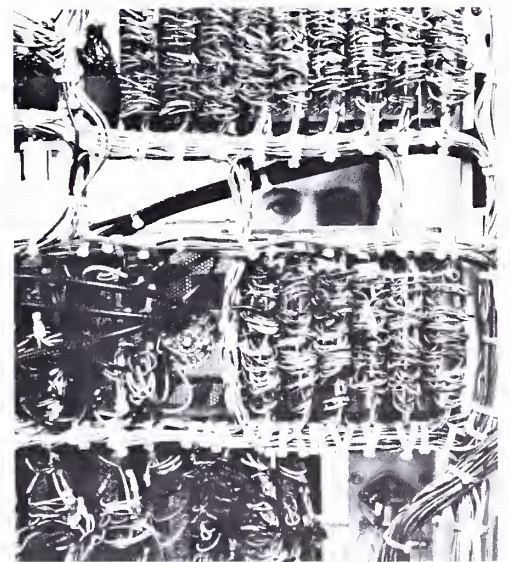
Arthur Slothower, Assistant Director and a St. Luke's executive for forty

years, has willingly accepted leadership responsibilities for most ancillary service and internal communications departments.

James P. May, our Director of Public Relations and Development, sits with us at Policy Sessions and aids in the decision making process, as well as being a stalwart help to the Trustees.

Assistant Director Mary R. Meehan continues her responsibilities for management liaison with the House Staff and the Medical Board.

A most important addition to our team of management specialists was Richard DeChristoford, appointed Per-



sonnel Director following the untimely death of our long time colleague, Robert Beaubien.

When Miss Peck was named Director of Nursing in July, her successor as Director of St. Luke's Hospital School of Nursing was Mrs. Frances Avella, a choice we have all had ample reason to applaud.

A Year of Testing

The events of 1967 provided a series of difficult problems which moulded and tested our management staff. I am satisfied that we now have a knowledgeable professional team of decision-makers at St. Luke's. Their zeal and sense of responsibility to the ultimate goal of quality patient care is being reflected throughout the Hospital Center.

The implementation of continually changing regulations from government and other third-party financial supporters of hospital care required much management level attention.

We devoted a great deal of administrative time and effort toward the well-being of our employees and we

were gratified when they chose to continue placing their faith in management in the area of labor relations. They made that decision in November at an election supervised by the New York State Labor Relations Board.

Construction activities and their requisite moving of people and equipment around the institution also constituted a management problem of extensive dimensions.

The whole question of staff development has been a major involvement for everyone at decision-making levels and will continue to be a prime consideration for some years to come. The Annual Holiday Awards Dinner, to which 800 long service employees and pensioners were invited, pointed up the continued success of these efforts and the ever-remarkable spirit of St. Luke's and its family.

The Challenge is Change

The unprecedented rapidity with which new health care programs were started and existing services were expanded presented the administration with the almost constant problem of effectively integrating new systems into the hospital routine.

Underlying all the challenges faced by St. Luke's in 1967 was the question of cost. Building on a long tradition of excellence in terms of medical services, we are now involved in a pioneering effort to expand our role as a community resource while applying the science of management to the task of maintaining a balance between services and their costs. Rendering a high level of medical care worth its cost is the overriding interest of the St. Luke's management. The value of developing a top flight administrative staff oriented toward both cost effectiveness and the healing art will be visible in the years and months ahead as their efforts are felt throughout all levels of activity at the Hospital Center.

St. Luke's Hospital Auxiliary

President:
Mrs. J. Winston Fowlkes
1st Vice-President:
Mrs. John P. Lins
2nd Vice-President:
Mrs. Theron O. Worth, Jr.
Treasurer:
Miss Gertrude R. Hoyt
Recording Secretary:
Mrs. Horace Hurley
Corresponding Secretary:
Mrs. William Lynn, Jr.

Woman's Hospital Assistant Board

Honorary Chairman:
Mrs. Walbridge S. Taft
Chairman:
Mrs. Clendenin J. Ryan
1st Vice-Chairman:
Mrs. John McN. Sullivan
2nd Vice-Chairman:
Mrs. Robert McN. Smith
Secretary:
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Statistics	1967	1966
Patients Admitted	18,096	17,835
Births	2,331	2,177
Outpatient Department		
Visits	159,977	136,941
Patients Treated	31,158	26,870
Visits to Emergency Room	81,501	72,419
Operations	10,780	10,906
Diagnostic X-Rays	67,605	61,299
Radiation Therapy Treatments	7,529	7,668
Laboratory Determinations	487,022	476,690
Blood Transfusions	4,167	5,318
Physical Medicine Treatments	41,029	46,188
Electrocardiograms	14,583	11,656
Electroencephalograms	1,145	985
Radioisotope Tests	2,224	1,783
Prescriptions Filled	432,083	384,920
Meals Served	1,273,286	1,234,327
Laundry Processed (pounds)	3,588,691	3,860,778
Employees	2,950	2,908
Social Service		
Patients	15,293	8,281
Interviews	75,013	70,066
Family Planning Clinic		
Interviews	3,502	1,559



Cheers for the Ladies

In his famous treatise on the uses of the frontier in history, Frederick Turner Jackson spoke of the permanent need for new horizons as a necessary ingredient for any viable society. Certainly, the ever widening frontiers of medicine and the challenge of hospital service provide daily opportunities for new and ever fresh experiences.

The women who participate as members of the St. Luke's Auxiliary and the Assistant Board of Woman's Hospital responded to these opportunities with creative vigor in 1967.

A legislative committee was formed by the Auxiliary so that members could be kept abreast of governmental matters affecting hospitals. Auxiliary meetings were geared to the growing community involvement of the Hospital Center. Speakers from the Home Care, Community Psychiatry, and

Neighborhood Health Studies units were regular visitors to Auxiliary meetings.

The Auxiliary also was responsible for the opening of a new Patients' Library on Minturn 1, which has improved library service considerably.

Turning their efforts to the area of fund raising, the Auxiliary sponsored a Fiber Fashion Show-Luncheon at the Plaza in April. Proceeds from this annual event were used for the refurbishing of the Clark Lobby and for the external cleaning of Hospital Center buildings. During the year, the Social Service Church Committee shared 50th anniversary bouquets with the Volunteer Service.

The Assistant Board was equally busy during the year. Regular meetings were well attended and guest speakers were heard on a variety of

hospital-oriented subjects. Also well attended was a tea for the Obstetrical and Gynecology staff and spouses held in December.

A note of sadness fell on the Assistant Board as they mourned the passing in May of Mrs. Howland S. Davis, active in the leadership of Woman's Hospital since 1939 and an honorary Trustee of the Hospital Center. The Assistant Board gave \$10,000 in her memory.

In a joint endeavor, through the Special Events Committee, the Auxiliary and the Assistant Board sponsored a Dinner-Dance in May at the St. Regis Roof, which brought \$16,708 to the Dual Century Fund. The Special Events Committee has thus far raised nearly \$150,000 for the Hospital Center building program.

For the women of St. Luke's and Woman's, the frontiers of service continue to provide ever-widening areas to be explored and new goals to be achieved.

Toward a More Comprehensive Ministry

Saint Luke's continues to be a hospital where the climate is conducive to the practice of a full religious ministry to its patients—a ministry which is an integral part of and essential to the total care and making whole of the sick.

During 1967 a number of developments in the Department of Religious Services contributed to expanding and making more comprehensive this ministry. A new and commodious office for the Department on Plant III is more accessible to the entire Hospital. A new system of the signing of patients' medical charts by the chaplain has been instituted to indicate he assumes responsibility for the ministry to them, when he calls on patients placed on the "seriously ill" list, or at the time of death. This practice greatly facilitates keeping the chaplain closely related to individual patients and family needs and also enables medical and nursing staffs to keep apprised of the chaplain's role in given situations, making possible greater cooperation between them in patient care.

An enlargement and renovation of the Balcony Chapel was begun during the year. It will double the capacity of the chapel where patient worship services are held each Sunday (Episcopal and Roman Catholic), and will readily permit the practice of current reforms and developments in the worship of both traditions (e.g., the positioning of the officiant behind the altar and facing the people who are gathered around it). In the same vein, the new proposed liturgy of the Episcopal Church, authorized for trial use by the General Convention, is now regularly celebrated in the main Chapel, and the plan is to adapt it for patient worship services. The corporate worship of God is a healing (or making whole) ex-

perience, and all that can be done to involve people more fully in the experience takes on added significance in a hospital.

The working relationship of the chaplains to the whole Hospital family is fundamental to the effective exercising of their ministry. The medical staff continues to be cooperative and much appreciated. Chaplain Sweetser and Dr. Graham Clark addressed a doctor-clergy meeting of the Bergen County Medical Society on the subject of doctor-clergy cooperation in the care of the sick, a matter of constant interest and concern in the hospital. Chaplain Udell assumes the major responsibility for the ministry to our student nurses, and a good deal has been accomplished to make the service of Evensong, attended daily in the Chapel by the freshman class, one that is related to their needs and interests. Members of the medical and nursing staffs generously give of their time to participate in the Clinical Pastoral Education Program of the Department, through which ordained clergy and theological students receive training in crisis ministry throughout the year.

Under Chaplain Hart, our accredited Clinical Pastoral Education Supervisor, 1967 saw the completion of four quarters of such training, involving five clergy (2 Episcopalians, 1 Presbyterian, 1 United Church of Christ, 1 Lutheran—Missouri Synod) and six theological students (5 Episcopalians, 1 Unitarian). The hospital thus continues to be a center for this important training and is so recognized by the new National Association for Clinical Pastoral Education.

In keeping with the growing emphasis on the Hospital's role in the community, the chaplains' ministry takes

them frequently into other areas of service. Chaplain Sweetser serves as chairman of the Protestant Council's Committee on Pastoral Care for Manhattan. He and Chaplain Hart attended the annual meeting of the Eastern Division of the American Association of Mental Hospital Chaplains, at which Chaplain Hart was the keynote speaker. Chaplain Hart has served throughout the year as one of the leaders in an intensive group discussion program for the students at the General Theological Seminary. Chaplain Walworth was on the staff of the Diocese's annual Bard College conference for young people, and provided the leadership for a seminar on the ministry to dying patients for the School of Nursing of Saint Vincent's Hospital. Chaplain Udell continues to serve as a chaplain in the nearby Association Home for the Aging.

The heart of the work is pastoral—the visiting of each newly admitted patient, calling at critical times (seriously ill, before major surgery, at time of death) by the chaplains and their Roman Catholic and Jewish co-workers, and the more extensive and deeper ministry that so often follows and whose purpose is to bring the loving concern and healing power of God to His sick children and their loved ones. The objective of the Department is to keep this ministry one of the special marks of Saint Luke's Hospital Center.

Department of Religious Services

The Rev. Carleton J. Sweetser
Chaplain and Director

The Rev. James C. Walworth
Associate Chaplain

The Rev. Alvin V. P. Hart
Associate Chaplain and
Clinical Training Supervisor

The Rev. C. Leland Udell
Associate Chaplain



Giving 1967

Beginning with a small training class in 1917, the Volunteer Service at St. Luke's has been symbolic of the great giving tradition now so well established as a hallmark of the Hospital Center on the Heights. In the fifty years since its establishment, the department has grown from fourteen volunteers to 450 men, women and students, giving over 50,000 hours of their time to help the Hospital Center better serve its patients. Its golden anniversary year was truly a jubilee of service for St. Luke's volunteers.

As in former years, giving on the part of doctors, nurses, employees and all the people involved in the work of the Hospital Center was a source of pride to us all.

Giving, in terms of financial support, was as essential to the progress of St. Luke's as it has always been.

In 1967, \$623,000 was raised for the Dual Century Fund and will be applied toward the completion of the new Service and Research Building, now under construction.

General Purpose giving to St. Luke's and Woman's totalled \$127,816, of which \$77,729 resulted from the Annual Christmas Appeal.

Special fund gifts amounted to \$258,891. Research grants from governmental and private sources were \$1,256,280.



In preparing for the disposition of their estate, many friends of St. Luke's and Woman's have made generous provisions for the Hospital Center in drawing their wills. Such posthumous giving provides a lasting tribute and has long been an honored tradition in American philanthropy. Such bequests amounted to \$861,557 in 1967.

Giving—in terms of time, talent or financial aid is the essence of the volunteer spirit which is at the root of the St. Luke's story.

Friends of the Hospital often desire to express their appreciation for the treatment of patients and the chari-

table work done by St. Luke's and Woman's by a contribution to the work of the Hospital Center. Any information concerning the various needs of the Hospital Center can be obtained from the Executive Director.

Form of Devise (real property) I give and devise to St. Luke's Hospital Center, located in the City of New York, for its corporate purposes, all that, etc. (here describe the property).

Form of Bequest I give and bequeath to St. Luke's Hospital Center, located in the City of New York, for its corporate purposes, the sum of..... dollars.

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